



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
<b>COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:</b>		

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
<b>40 Prairie</b>			<b>0726 Terry K-12 Schools</b>		<b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
5	1636	No	SMITH, ROBIN	22.50	_____
5	1637	No	CAHILL, DOUG & SHELLY	15.25	_____
5	1638	No	CAHILL, DOUG & SHELLY	25.88	_____
5	1639	No	BAILEY, ROB	7.00	_____
5	1640	No	SCHILLING, JEROME	2.00	_____
5	1641	No	STOCKETT, LEE & KAREN	5.20	_____
5	1642	No	DEVLIN, TODD	5.50	_____
5	1643	No	GRUE, CLINTON C	4.50	_____
5	1644	No	HAUGHIAN, SHEILA	2.50	_____
5	1645	No	HOUSEHOLDER, PAULETTE	1.65	_____
5	1646	No	LARSEN, LORIN	1.50	_____
5	1647	No	PEHL, NANCY B	1.25	_____
5	1648	No	REUKAUF, ROBERT B	4.50	_____
5	1649	No	SELF, SHARON	2.85	_____
5	1650	No	TESKE, JULIE	3.00	_____
5	1651	No	TUSLER, BILL	1.75	_____